

<h1 style="margin: 0;">TRANSMITTAL FORM</h1> <p style="margin: 0;"><i>(to be used for all correspondence after initial filing)</i></p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Application Number</td><td style="padding: 2px;">10/031,289</td></tr> <tr><td style="padding: 2px;">Filing Date</td><td style="padding: 2px;">July 13, 2000</td></tr> <tr><td style="padding: 2px;">First Named Inventor</td><td style="padding: 2px;">Vega MASIGNANI</td></tr> <tr><td style="padding: 2px;">Art Unit</td><td style="padding: 2px;">1645</td></tr> <tr><td style="padding: 2px;">Examiner Name</td><td style="padding: 2px;">S. Devi</td></tr> <tr><td style="padding: 2px;">Attorney Docket Number</td><td style="padding: 2px;">223002100200</td></tr> </table>	Application Number	10/031,289	Filing Date	July 13, 2000	First Named Inventor	Vega MASIGNANI	Art Unit	1645	Examiner Name	S. Devi	Attorney Docket Number	223002100200
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Total Number of Pages in This Submission	5 + 4 Refs.													

ENCLOSURES <i>(Check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. PTO/SB/08a/b (1 page) 2. Four (4) References

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature	/Otis Littlefield/		
Printed name	Otis Littlefield		
Date	September 12, 2008	Reg. No.	48,751